

Health and Family Planning Overview

WEST AFRICAN REGIONAL PROGRAM (WARP)*



WARP serves the following core countries:

Benin	The Gambia	Liberia	Nigeria
Burkina Faso	Ghana	Mali	Senegal
Cape Verde	Guinea	Mauritania	Sierra Leone
Cote d'Ivoire	Guinea-Bissau	Niger	Togo

Some WARP activities also serve:

Cameroon	Chad	Equatorial Guinea
Central African Republic	Congo-Brazzaville	Gabon

** formerly Family Health and AIDS/West and Central Africa (FHA/WCA) program*

Regional Profile

West Africa is one of the world's poorest regions. While the HIV/AIDS epidemic has been less severe than in other parts of Africa, it is increasingly affecting the region. Cultural and societal norms have contributed to the slower spread of HIV/AIDS, as well as the fact that HIV-2 (less transmissible than HIV-1) is more prevalent. High maternal, infant, and child mortality plague the region and are indicators of persistent poor health and development. Social, economic, and political problems are obstacles to developing population, health, and nutrition programs in many countries. Military conflicts continue in some countries, and a number of countries host large refugee populations.

HIV/AIDS in the Region. HIV prevalence is likely to increase in the near future, threatening to reverse development gains and negatively affecting the quality of life. The epidemic will place new burdens on already weak health and social sectors. Infection rates are disproportionately higher among young women than young men. In Cameroon, for example, 7 to 9 percent of women ages 15 to 24 are estimated to be infected, compared with 3 to 5 percent of men.

USAID Strategy

Historically, the Family Health and AIDS (FHA) program gave technical assistance and guidance in the four countries (Burkina Faso, Cote d'Ivoire, Cameroon, and Togo) in which USAID supported bilateral programs. In 2000, USAID approved its regional development strategy for West Africa, and FHA and the Sahel Regional Program were merged into the West African Regional Program (WARP). FHA, which will end in September 2003, remains USAID's primary health project in the region. Operating under WARP, it supports initiatives in 16 core countries and provides select support in six others. Several approaches are used, including regional meetings, effective tool- and approach-sharing, and country-level technical assistance. A successor project is under design.

Strategic Objective: Increased development and adoption of sustainable reproductive health, HIV/AIDS/sexually transmitted infection (STI), and child survival policies and approaches in West Africa

Intermediate Results:

- Increased use of priority reproductive health, HIV/AIDS/STI, and child survival services and products
- Increased effective advocacy for policy change, improved programs, and resources in reproductive health, STI/HIV/AIDS
- Increased African institutional capacity to plan, implement, and evaluate sustainable reproductive health, STI/HIV/AIDS, and child survival programs



- Increased efficient use of resources for priority reproductive health, STI/HIV/AIDS, and child survival programs

Major Program Areas

Health and Family Planning. West Africa is home to the highest fertility and lowest contraceptive prevalence rates in Africa. Through the FHA program, USAID is working to address these problems by increasing use of reproductive health services and improving access to and demand for modern contraceptives and condoms for HIV/STI prevention. The program also empowers women to make informed decisions about their reproductive health and promotes joint partner responsibility for reproductive health. FHA supports service providers with contraceptives, equipment, training in multimethod family planning, contraceptive technology updates, and quality assurance initiatives. FHA has also strengthened institutions such as health ministries and schools of public health in Cameroon, Cote d'Ivoire, Burkina Faso, Togo, and Benin. Other efforts include training in operations research; establishing clinical training sites; developing information, education, and communication working groups; and adapting a regional family planning and reproductive health curriculum for use at the national level.

Child Survival. Due to declining child survival trends, USAID is exploring expanded involvement in regional child survival activities, including increased support for immunizations, maternal and neonatal health care, malaria prevention and control, and expanded work under the Integrated Management of Childhood Illness initiative. Promoting sustainable routine immunization services is an area of emphasis. USAID's plans for the successor project include strategies to increase social marketing programs and introduce new technologies and services at existing service delivery points. It will also explore other ways to improve child survival in West Africa.

HIV/AIDS. FHA supports a variety of prevention, care, and support programs in the region. Initiatives are designed to increase access to and demand for STI/HIV/AIDS services and products. Activities include transnational prevention efforts along major traffic corridors, operations research on syndromic STI treatment, and condom social marketing in four countries. The regional migrant project AIDS Prevention on the Migratory Axes of West Africa supports peer education among truckers, commercial sex workers, and seasonal workers along major transportation routes. Integrated mass media campaigns have used radio soap operas, comic strips, and community-based initiatives. USAID also promotes private sector involvement in HIV/AIDS prevention and control. In Cote d'Ivoire, FHA has supported microgrants to nongovernmental organizations providing care and support to persons living with HIV/AIDS and also helped develop counselor manuals for use in voluntary counseling and testing.

Results

- Condom social marketing sales increased 12 percent from 55 million in FY 2000 to 61.7 million in FY 2001.
- 2.7 million sachets of oral rehydration salts (ORS) were distributed in FY 2000, up 100,000 from FY 1999.
- Use of modern contraceptives and ORS has increased in Togo, Cote d'Ivoire, Burkina Faso, and Cameroon.
- Social marketing of oral contraceptives increased. The number of sales outlets reached 1,800, and sales exceeded 850,000 cycles. In addition, 17,000 doses of Depo-Provera were sold.
- According to Demographic and Health Survey data from Togo, Cameroon, Burkina Faso, and Cote d'Ivoire, knowledge that condoms prevent HIV transmission increased from 23 percent in 1995 to 40 percent in 2000 among women and from 50 to 65 percent among men.
- *Wake Up Africa!*, an HIV/AIDS mass media campaign, was broadcast on five television stations and 22 public and private radio stations, including the regional radio station Africa No. 1.
- In Cote d'Ivoire, 99 percent of truckers were exposed to at least one mass media message from a USAID-supported HIV/AIDS prevention program targeted at truckers, migrant workers, and sex workers.

Major Implementing Partners

WARP works with several institutions to implement programs in the region, including the JHPIEGO Corporation, the Johns Hopkins University Center for Communication Programs, Tulane University, Population Services International, and Family Health International/IMPACT. WARP also works with USAID's Global Bureau through the following projects and programs: BASICS, POLICY, Family Planning Logistics Management, Maternal and



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